

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

2374

7 DEATH 38 EVIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa				2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Maricopa									
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) Phoenix				C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 10 days 23 yrs.									
	D. FULL NAME OF HOSPITAL OR INSTITUTION Maricopa County Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION)									
NT 4 JAL 4/20 7 KJ2	3. NAME OF DECEASED (TYPE OR PRINT) THOMAS Hinton ELLIS				4. SEX Male		5. COLOR OR RACE white							
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH 12 DAY 16 YEAR 1875		8. AGE YEARS 74 MONTHS 11 DAYS 20		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). rancher & produce							
	9B. KIND OF BUSINESS OR INDUSTRY agriculture		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no							
1221 E 0 H 0 18)	14A. FATHER'S NAME Allen Ellis				14B. BIRTHPLACE (STATE OR COUNTRY) Texas		15A. MOTHER'S MAIDEN NAME unknown							
	16. INFORMANT'S SIGNATURE Opal Ellis, 518 N. 18th St., Phoenix				17. DATE OF DEATH (MONTH) December (DAY) 6 (YEAR) 1950		13. SOCIAL SECURITY NO. none							
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.				MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* Arterio-sclerotic Cardio-Cerebral Disease II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH					
ONS, SY H O AL CE	19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)				21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)				21C. (CITY OR TOWN) (COUNTY) (STATE)					
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?					
AL JER'S TION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov. 30 19 50 TO Dec. 6 19 50 . THAT I LAST SAW THE DECEASED ALIVE ON Dec. 5 19 50 AND THAT DEATH OCCURRED AT 7:33 A. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								23A. SIGNATURE (DEGREE OR TITLE) Charles E. Ruden		23B. ADDRESS Phoenix Co. Hospital		23C. DATE SIGNED Dec 5	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 12/9/50		24C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park				24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona					
	25A. DATE REC'D BY LOCAL REG. 12/8/50		25B. REGISTRAR'S SIGNATURE Bulah Johnston				26. FUNERAL DIRECTOR'S SIGNATURE Fred E. Warren ADDRESS Grimshaw Mortuary 27. EMBALMER'S SIGNATURE Robert C. Fitzgerald ADDRESS 334 WEST MONROBERT. NO PHOENIX, ARIZONA							